## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000077650 **DOCUMENT #**

1. Entity Name



Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90150 013 \*\*\*150 00

SILVERS	ENTERTAINMENT GROUP,	INC.			0110 2005 30		
Principal Place 3741 NE 1736 SUITE PMB32		Mailing Address 3741 NE 173RS STREET SUITE PMB325				· · · · · · · · · · · · · · · · · · ·	· ***
	II BEACH FL 33160	NORTH MIAMI BEACH FL	33160				
2. Principal Place of Business /6850-112 Collins Aye.   3. Mailing Address /6850-112 Collins			Collins A	ye.	) (184)(181) (III (184)(184)(184)(184)(184)(184)	00111 \$9111 ISBLI 108:7 911	ii 61111 0111 1941
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite # 325  Suite # 325				CHECK HERE IF MAKING CHANGES			
SUNN	Y Isles FL Country		les, FL	4.	65-1034937		Applied For Not Applicable
331-6		Zip 3/60.	Country A	<u> </u>	Certificate of Status Desired  Name and Address of New Reg	\$8.75 A	
	01 110/10 0110 0110 011	- Indiana Nagari	Name		Hattie and Hadious of Holl Hog	giotoroa rigorit	
SILVERS, STEVEN 3741 NE 173RS STREET				Street Address (P.O. Box Number is Not Acceptable)			
SUITE PMB325				Syjte # 325			
NORTH MIAMI BEACH FL 33160			City	SUNNY ISLES FL Zip Sign 160			
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or	r registered ag	gent, or both, in the State of Florid	da. I am familiar wit	n, and accept
SIGNATUŘE	Steven A.	Silvers					
Oldivatority	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signat	ure required when r	reinstating)	DATE	
F Afte	Signature, typed or printed name of registered signature. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		E: Registered Agent signat	ure required when r	9. Election Campaign Finar Trust Fund Contribution.	ncing _ <b>\$5.</b>	00 May Be
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)205-4357